

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | AF       | 12/22  | 7/1/00  |
| O.I.P.E. CLASSIFIER       |          | 65     | 7/1/00  |
| FORMALITY REVIEW          | CM       | 71633  | 8/18/00 |
| RESPONSE FORMALITY REVIEW | CM       | 71633  | 12/5/00 |

INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 ..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objects

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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